

- Coordinator and passed along for review (see attachment 3).
9. The Commissioner and the Director of Medical and Forensic Services will have the final review of the Medical Parole request. A written recommendation will be sent to the Parole Board to either grant or deny medical parole.
- B. The Administrative Director of Medical and Forensic Services for the Department of Corrections may petition the parole board for a hearing on behalf of an inmate to determine if the inmate is eligible for medical parole.
 - C. The following conditions apply for inmates to request a hearing for medical parole:
 1. The inmate has a terminal, debilitating, incapacitating or incurable medical condition or syndrome as certified by a physician licensed pursuant to RSA 329:12 (attachment 2). If requested by the Parole Board, at least one additional physician has to certify the medical condition or syndrome.
 2. The impact of medical care, treatment and resources for the inmate is excessive as determined by the Administrative Director of Medical and Forensic Services.
 3. The Parole Board has determined that the inmate will not be a danger to the public and that there is a reasonable probability that the inmate will not violate the law while on medical parole and will conduct himself/herself as a good citizen within the parameters of the law and the conditions stipulated by the Parole Board.
 - D. After review of the information provided by a physician licensed pursuant to RSA 329:12, the Commissioner and Administrative Director of Medical and Forensic Services will make a recommendation to the Parole Board to either grant or deny parole to an inmate regardless of the time remaining on their sentence.
 - E. If the inmate meets the eligibility requirements stated in this policy, a parole plan (attachment 4) will be submitted to Field Services for approval. The approved plan will be submitted to the Parole Board.
 - F. The Parole Board may request as a condition of medical parole, that the inmate submit to periodic medical examinations while on medical parole and comply with any other conditions imposed by the Parole Board. After reviewing any such medical examination the Administrative Director of Medical and Forensic Services will report the findings to the Parole Board. If after reviewing the findings, the Parole Board determines that the parolee no longer has a terminal, debilitating incapacitating or incurable medical condition or syndrome, medical parole shall be revoked and the parolee returned to the custody of the state.
 - G. A parolee who is arrested for either not following the conditions of parole or is arrested for a new crime shall be detained at the medical unit or infirmary of an appropriate correctional facility closest to the location where the parolee was arrested.
 - H. Inmates who would not be eligible for consideration of medical parole include:
 1. Any inmate sentenced to life in prison without parole or sentenced to death
 2. Any inmate that is deemed a risk to society due to incomplete program/treatment needs.
 - I. In cases where the inmate being considered for medical parole is housed out of state, all the same procedures will be followed with the exception that the physician evaluation may be performed by the attending physician in the state that is currently housing the inmate. Procedures would include the following:
 1. To obtain information from the out of state prison system housing the inmate to include a statement from their Chief Medical Officer regarding the medical status along with supporting medical documentation.
 2. Review records to determine if the inmate meets the medical parole criteria
 3. Develop a parole plan and submit for approval
 4. The inmate will be returned to NH for a parole hearing

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other:

MACLEOD/pf

Attachments

*CHAPTER 651-A
PAROLE OF PRISONERS*

Section 651-A:10-a

651-A:10-a Medical Parole. –

I. Upon the recommendation of the commissioner of the department of corrections and the administrative director of forensic and medical services, after review of the information provided by a physician licensed pursuant to RSA 329, the parole board may grant medical parole to an inmate residing in a state correctional facility, regardless of the time remaining on his or her sentence, provided all of the following conditions apply:

(a) The inmate has a terminal, debilitating, incapacitating, or incurable medical condition or syndrome, as certified by a physician licensed pursuant to RSA 329, and, if requested by the parole board, at least one additional physician licensed pursuant to RSA 329.

(b) The cost of medical care, treatment, and resources for the inmate is determined to be excessive.

(c) The parole board has determined that the inmate will not be a danger to the public, and that there is a reasonable probability that the inmate will not violate the law while on medical parole and will conduct himself or herself as a good citizen.

II. The administrative director of forensic and medical services, on behalf of an inmate, may petition the parole board for hearing to determine if the inmate is eligible for medical parole and if the inmate is eligible, shall submit the parole plan to the parole board.

III. Medical parole shall only be granted by a majority vote of the full 7-member parole board.

IV. The parole board may request, as a condition of medical parole, that such inmate submit to periodic medical examinations while on medical parole and comply with any other parole conditions imposed by the parole board. The administrative director of forensic and medical services, after review of any such medical examination shall report the findings to the parole board. If the parole board, after review of such findings, determines that the parolee no longer has a terminal, debilitating, incapacitating, or incurable medical condition or syndrome, the medical parole shall be revoked and the parolee shall be returned to the custody of the state.

V. Notwithstanding RSA 504-A:5, a medical parolee who is arrested under the authority of RSA 504-A:4 or RSA 651-A:25 shall be detained at the medical unit or infirmary of the appropriate state correctional facility closest to the location where he or she was arrested.

VI. An inmate who has been sentenced to life in prison without parole or sentenced to death shall not be eligible for medical parole under this section. Nothing in this provision or law shall be construed to create a right to medical parole for any inmate.

VII. Notwithstanding RSA 167:18-b, the state shall be responsible for all medicaid costs incurred, net of federal reimbursement, for any inmate granted medical parole under this section, until the earliest date on which parole could have been granted had the inmate not been granted medical parole.

VIII. [Repealed.]

Source. 2004, 218:3, eff. June 11, 2004; 218:5, eff. July 1, 2005.

CHAPTER 329
PHYSICIANS AND SURGEONS
Examinations and Licenses
Section 329:12

329:12 Qualifications of Licensees. –

I. Applicants for licensure shall:

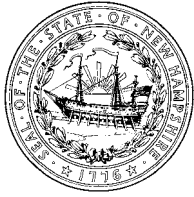
- (a) Pay a fee established by the board.
- (b) Submit an application in a form prescribed by the board which shall be verified by oath.
- (c) Demonstrate to the reasonable satisfaction of the board that the applicant:
 - (1) Is 21 years of age or older;
 - (2) Is of good professional character;
 - (3) Has completed at least 2 years of college course work or its equivalent.
 - (4) Has studied the treatment of human ailments in a medical school maintaining at the time of such studies a standard satisfactory to the Accreditation Council for Medical Education and has graduated from such school;
 - (5) Has completed at least 2 years of postgraduate training approved by the Accreditation Council on Graduate Medical Education, or its equivalent as determined by the board. Each applicant who has graduated from an accredited medical school prior to January 1, 1970, is required to have satisfactorily completed at least 12 months in a graduate educational program approved by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada.
 - (6) Has successfully passed one of the following sets of examinations:
 - (A) National Board Examinations.
 - (B) Federation Licensing Examination (FLEX).
 - (C) United States Medical Licensing Examination (USMLE).
 - (D) Medical Council of Canada Examination (LMCC).

II. The board may waive the examination requirement for any applicant who has satisfactorily passed one of the following examinations in another state or in Canada:

- (a) A national examination approved by the Federation of State Medical Boards.
- (b) The National Board of Medical/Osteopathic Examiners examination.
- (c) The national medical licensing examination of Canada.

Source. 1915, 167:7. 1917, 204:1. PL 204:10. 1937, 150:1. 1939, 139:1. RL 250:10. 1950, 8:6. RSA 329:12. 1969, 326:1. 1970, 3:3. 1973, 72:50. 1975, 186:5; 251:2. 1977, 417:6. 1981, 396:2; 483:8. 1983, 377:5, 6, 12. 1986, 219:11. 1995, 286:11, eff. Jan. 1, 1996.

1. Inmate is identified as possible medical parole candidate.
2. Letter is written by the Department of Corrections' chief medical officer (CMO) supporting the need to be considered for medical parole.
3. Letter forwarded to Medical Parole Coordinator for the DOC.
4. Information obtained and initial "Request to Initiate Medical Parole Consideration" form is completed (see attached form).
5. Information forwarded to the Director of Medical and Forensics for decision to accept or deny continuation of the process.
6. If accepted by the Director of Medical and Forensics, the information will be turned over to the designated CC/CM of the facility for continued process. (EACH FACILITY WILL HAVE TWO DESIGNATED PERSONS QUALIFIED TO PROCESS THE MEDICAL PAROLE PACKAGE).
7. The Warden of the facility will be alerted to initiation of the process by the Medical Parole Coordinator and/or the Director of Medical and Forensics.
8. The final package assembled by the CC/CM will be forwarded to the Medical Parole Coordinator and passed along for review (see attached checklist).
9. Final review of the "Request for Medical Parole" will be done by the Commissioner of Corrections and the Director of Medical and Forensics, with a written recommendation to the Parole Board to either grant or deny medical parole.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL & FORENSIC
SERVICES

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-3707 FAX: 603-271-5643
TDD Access: 1-800-735-2964

William L. Wrenn
Commissioner

Bob MacLeod
Director

Request to Initiate Medical Parole Consideration

Date: _____ Facility/Unit: _____

Name: _____ ID #: _____

DOB/Age: _____ SS#: _____

MPD: _____ Max: _____

Offense: _____

Sentence: _____

Date of Sentence: _____

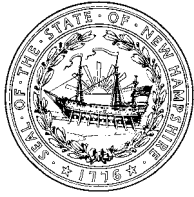
Medical Diagnosis: _____

REVIEWED BY THE DIRECTOR OF MEDICAL AND FORENSICS

Decision Pursue Medical Parole _____ Yes _____ No

Date: _____

Signature: _____



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**Bob MacLeod
Director**

Request for Medical Parole Package Checklist

- _____ NHDOC CMO Letter
- _____ Request to Initiate Medical Parole with approval from the Director of Medical and Forensics
- _____ Preparole/AHC Interview Form
- _____ Information from Victim Advocates Office
- _____ Current status of attorney involvement
- _____ Risk of reoffending synopsis (if sexual crime, need Sex Offender Program Clinician clearance)]
- _____ Contact information re: housing/living situation
- _____ Contact information re: medical care/plan
- _____ Information on means of support
- _____ Proof of insurance/medical coverage
- _____ Copy of Pre-Sentence Investigation (PSI)
- _____ Copy of any victim's statements
- _____ Copy of police statements or arrest information
- _____ Copy of any psychological assessments (particularly front sheet)
- _____ Copy of disciplinary history

Attachment 4
Page 1 of 8

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS**

PRE-PAROLE/AHC INTERVIEW FORM

INSTRUCTIONS:

Please read and complete all information. Failure to do so may result in the disapproval of your plan. If you have problems or questions, please see your counselor.

FOR PAROLE USE:

Once the form is completed, please send to your CC/CM. Once approved for parole, the plan will be sent to the appropriate probation/parole officer or UM for investigation. If your plan is disapproved, you will be informed of the reasons in writing. You then must submit a new plan for consideration.

FOR AHC USE:

Please submit completed application to your counselor.

DATE: _____

CHECK IF PV: _____

NAME: _____ BOOKING #: _____ MPD: _____

DOB: _____ SS #: _____

SUMMARY OF OFFENSE: _____

HOME PLAN:

1) ADDRESS/PHONE #: _____

2) NAME OF LANDLORD/PHONE #: _____

3) WHO WILL BE LIVING IN THE HOME WITH YOU? (Full names, relationship to you, and if they are adults, their date of birth):

EMPLOYMENT PLAN:

- 1) NAME AND ADDRESS OF PLACE YOU WILL WORK:_____
- _____
- 2) NAME AND PHONE NUMBER OF YOUR SUPERVISOR:_____
- _____
- 3) RATE OF PAY AND NUMBER OF HOURS PER WEEK YOU WILL WORK:
- _____
- 4) HOW WILL YOU GET TO WORK?_____
- 5) IF SOMEONE IS DRIVING YOU TO WORK LIST THEIR NAME, PHONE NUMBER AND DATE OF BIRTH:_____
- _____

EDUCATION PLAN:

- 1) NAME AND ADDRESS OF SCHOOL:_____
- _____
- 2) CONTACT PERSON AND PHONE NUMBER:_____
- 3) ATTACH DOCUMENTATION CONFIRMING ACCEPTANCE AND PAYMENT PLAN FOR SCHOOL
- 4) WILL YOU BE A FULL TIME STUDENT? _____
- 5) TREATMENT/PROGRAM PLAN (SUBSTANCE ABUSE/SEX OFFENDER) _____
- _____
- 6) DID YOU COMPLETE COGNITIVE PROBLEM SOLVING CLASS _____
- (YES/NO) DATE

INMATE SIGNATURE

DATE

COUNSELOR/CASE MANAGER SIGNATURE

DATE

New Hampshire Department of Corrections
Parole Synopsis

Name _____ ID # _____ Minimum Parole Date _____
Offense _____ Sentence _____ Consecutive/detainer _____
Suspended sentence _____ Deferred sentence _____
Restitution _____

I. Required and Recommended Programs

Program Name	Completion Date or Reason not completed

II. Elective Programs (educational, vocational, self-improvement, volunteer, etc)

Program Name	Date completed

III. Mental Health Status

Is the offender a client of mental health _____

If yes, who is the primary provider? _____

Is the offender on psychiatric medications _____.

If yes, which medications _____

IV. Medical Status

Does the offender have any serious medical conditions? _____

If yes, please explain _____

Does the offender have any disabilities? _____

If yes, please explain _____

V. Family Support

Who is available to assist the offender upon release?

What type of support and assistance can they provide? _____

VI. Reason not in reduced custody (if applicable) _____

VII. Counselor's impression and recommendations _____

Counselor/Case Manager Signature

Offender Education and Employment History

Name _____ ID # _____

Part I Education and Training

Name & Location of High School Attended _____

Year Graduated _____

Degree or Training Received _____

Name & Location of College or Technical School Attended _____

Year Graduated _____

Degree or Training Received

Part II Other Employable Skills

Please list all other skills or experiences you have that can help you in the job market

Part III Military Experience

If you are a military veteran, please answer the following:

Branch of Service _____

Dates of Service _____

Highest Rank Achieved _____

Job Title/Description _____

Type of Discharge _____

Part IV Employment History

Employer _____

Dates Employed _____

Position _____

Rate of Pay _____

Reason for Leaving _____

Employer _____

Dates Employed _____

Position _____

Rate of Pay _____

Reason for Leaving _____

Employer _____

Dates Employed _____

Position _____

Rate of Pay _____

Reason for Leaving _____

Employer _____

Dates Employed _____

Position _____

Rate of Pay _____

Reason for Leaving _____

Employer _____

Dates Employed _____

Position _____

Rate of Pay _____

Reason for Leaving _____

Employer _____

Dates Employed _____

Position _____

Rate of Pay _____

Reason for Leaving _____

Offender Comments

1. In your own words, explain the offense for which you are incarcerated.

2. Explain why you believe you have earned the privilege of parole.
